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ABSTRACT

Multiple regression and path analyses of 29 demographic, social, and psychological variables were carried out to determine those variables that influenced the use of community-based mental health services by the Hispanic elderly. The variables were classified using the Andersen and Newman framework which conceptualizes the individual's demand for services as a function of complex relationships among predisposing, enabling, and need-for-care factors. Of the 29 independent variables considered in the model, the 3 significant direct predictors of mental health service use were, in order of magnitude: (1) number of mental health problems (i.e., depression, family problems, difficulty sleeping, and unexplainable fear); (2) church attendance; and (3) severity of physical illness. Findings indicated that those Hispanic elderly who have more psychological problems, who are in poor health, and who attend church regularly make greater use of community and mental health services than do those with other characteristics. By attending church, the elderly--especially Mexican American and female elderly--may have greater awareness of available resources and greater access to help. In addition, the female elderly may be in a greater risk group because they appear to have more mental health problems and illness. (JHZ)

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THE UTILIZATION OF COMMUNITY MENTAL HEALTH SERVICES
BY THE HISPANIC ELDERLY

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ABSTRACT

INCREASING ATTENTION HAS BEEN GIVEN TO THE IDENTIFICATION AND DESCRIPTION OF VARIABLES ASSOCIATED WITH SOCIAL SERVICES NEEDED, SOUGHT AND USED BY THE HISPANIC ELDERLY. LITTLE IS KNOWN, HOWEVER ABOUT THOSE VARIABLES THAT INFLUENCE THE USE OF COMMUNITY-BASED MENTAL SERVICES BY THIS GROUP.

THE PURPOSE OF THE PRESENT STUDY IS TO DEVELOP AND EVALUATE A CASUAL MODEL OF MENTAL HEALTH SERVICE UTILIZATION AMONG HISPANIC OLDER PEOPLE. THE FRAMEWORK PROPOSED BY ANDERSEN AND NEWMAN (1977) IS USED TO CATEGORIZE THE VARIABLES EMPLOYED IN THE STUDY. THE METHODS OF ANALYSIS ARE THOSE OF MULTIPLE REGRESSION AND PATH ANALYSIS. THE RESULTS INDICATE THAT 3 OF 29 VARIABLES IN THE MODEL DIRECTLY AFFECT USE. JOINTLY, THE THREE SIGNIFICANT PREDICTORS (I.E., NUMBER OF PSYCHOSOCIAL PROBLEMS, FORMAL CHURCH ATTENDANCE AND SEVERITY OF PHYSICAL ILLNESS) ACCOUNT FOR 18% OF THE VARIANCE IN MENTAL HEALTH SERVICE USE. ADDITIONALLY, THEY ACT AS IMPORTANT MEDIATING VARIABLES IN THE MODEL.

INTRODUCTION

EMPIRICAL STUDIES PERTAINING TO THE UTILIZATION OF COMMUNITY MENTAL HEALTH SERVICES BY THE HISPANIC ELDERLY ARE ABSENT FROM THE GERONTOLOGICAL LITERATURE. THE STUDIES THAT DO EXIST HAVE BEEN PRIMARILY CONCERNED WITH IDENTIFYING AND DESCRIBING THE COMPONENTS OF FORMAL SUPPORT RATHER THAN ESTABLISHING THE CAUSAL RELATIONSHIP AMONG THE PREDICTORS OF FORMAL USE (VALLE AND MENDOZA, 1978; KEEFE, ET AL, 1979; LACAYO, 1980). MOREOVER, MOST STUDIES HAVE FOCUSED ON EXPLAINING THE PHENOMENA OF UNDER UTILIZATION RATHER THAN ATTEMPTING TO DEVELOP AND TEST STRUCTURAL MODELS THAT EXPLAIN COMMUNITY MENTAL HEALTH SUPPORT AS A COMPLEX BEHAVIORAL PROCESS (RAMIREZ, 1980; MIRANDA AND RUIZ, 1981).

THE PURPOSE OF THE PRESENT STUDY IS TO DEVELOP AND EVALUATE A CASUAL MODEL OF COMMUNITY MENTAL HEALTH SERVICE UTILIZATION AMONG THE HISPANIC ELDERLY. THIS STUDY WILL GIVE PARTICULAR ATTENTION TO THE ROLE OF NEED (I.E., ILLNESS SEVERITY, FREQUENCY OF MENTAL HEALTH PROBLEMS) FAMILY AND COMMUNITY RESOURCES (I.E., AVAILABILITY OF KIN, RELATIVES AND NEIGHBORS, CHURCH ATTENDANCE) AND BACKGROUND CHARACTERISTICS (I.E., AGE, GENDER, EMPLOYMENT STATUS, ETHNICITY) IN ACCOUNTING FOR DIFFERENCES IN COMMUNITY MENTAL HEALTH USE (I.E., FREQUENCY OF CONTACT WITH A COUNSELOR, MENTAL HEALTH UTILIZATION, PSYCHOLOGIST, DOCTOR, AGENCY OR PRIEST-MINISTER).

AS A RESULT, THIS ANALYSIS SHOULD CLARIFY OUR IGNORANCE ABOUT HOW THE DEMOGRAPHIC, SOCIAL AND PSYCHOLOGICAL CHARACTERISTICS OF THE HISPANIC ELDERLY INFLUENCE THEIR USE OF COMMUNITY BASED MENTAL HEALTH SERVICES.

CONCEPTUAL FRAMEWORK

A SOPHISTICATED CLASSIFICATION SYSTEM WAS PROPOSED BY ANDERSEN AND NEWMAN (1973) AND LATER SUGGESTED BY WARD (1977) FOR STUDYING HEALTH AND SOCIAL SERVICE USE AMONG THE ELDERLY. THIS MODEL WAS MODIFIED BY THE AUTHORS TO CONCEPTUALIZE THE INDIVIDUALS' DEMAND FOR MENTAL HEALTH SERVICES AS A LINEAR FUNCTION OF A COMPLEX PATTERN OF RELATIONSHIPS AMONG PREDISPOSING, ENABLING AND NEED FACTORS. THE MODEL SUGGESTS THAT SOME ELDERLY ARE MORE PREDISPOSED TO USE SERVICES BASED ON CERTAIN BACKGROUND CHARACTERISTICS SUCH AS: DEMOGRAPHIC, SOCIAL STRUCTURAL AND BELIEFS (PREDISPOSING FACTOR). ALTHOUGH, INDIVIDUALS MAY HAVE DIFFERENTIAL PROPENSITIES TO USE SERVICES, THE USE OF SERVICES IS CONTINGENT ON THE AVAILABILITY AND ACCESSIBILITY OF COMMUNITY AND FAMILY RESOURCES (ENABLING FACTOR). FINALLY, ASSUMING THAT THE ABOVE CONDITIONS EXIST, THE INDIVIDUAL MUST RECOGNIZE THE PRESENCE OF A NEED FOR SERVICES AND BE MOTIVATED TO TAKE SOME FORM OF ACTION BEFORE ACTUAL SERVICE USE TAKES PLACE (NEED FACTOR).

THIS MODEL WILL BE EMPLOYED TO IDENTIFY AND ASSESS (1.) CAUSES OF DIFFERENTIAL PATTERNS OF USE; (2.) THE AMOUNT OF VARIATION IN COMMUNITY MENTAL HEALTH USE THAT CAN BE EXPLAINED WITHIN THE MODEL; (3.) THE RELATIVE IMPORTANCE OF THE VARIABLES INCLUDED IN THE MODEL; AND (4.) THE MAGNITUDE OF THE DIRECT AND INDIRECT CAUSAL RELATIONSHIP OF THE INDEPENDENT VARIABLES ON USE. THE CONCERN IN THIS STUDY IS WITH WHAT ROLE THE PHYSICAL AND PSYCHOLOGICAL NEEDS OF THE HISPANIC ELDERLY PLAY IN THEIR USE OF FORMAL COMMUNITY MENTAL HEALTH SERVICES. MORE SPECIFICALLY, WHAT RELATIONSHIPS EXIST AMONG THE ELDERLY BACKGROUND CHARACTERISTICS, COMMUNITY AND FAMILY RESOURCES, AND NEED THAT ENHANCE OR INHIBIT THE USE OF SERVICES.

CONCLUSION

1. OF THE 29 INDEPENDENT VARIABLES CONSIDERED IN THE MODEL:
 - A. THREE WERE SIGNIFICANT DIRECT PREDICTORS AND ACCOUNTED FOR AT LEAST 1% OF THE VARIANCE OF COMMUNITY MENTAL HEALTH USE.
 - B. THESE THREE VARIABLES EXPLAINED A TOTAL OF 18% OF THE VARIANCE IN USE.
 - C. THE NUMBER OF MENTAL HEALTH PROBLEMS (I.E., DEPRESSION, FAMILY PROBLEMS, DIFFICULTY WITH SLEEP, UNEXPLAINABLE FEAR) WAS THE STRONGEST (.37) PREDICTOR OF FORMAL USE FOLLOWED BY CHURCH ATTENDANCE (.10) AND ILLNESS SEVERITY (.06). IT WOULD APPEAR THAT THOSE HISPANIC ELDERLY WITH MORE PSYCHOLOGICAL PROBLEMS, IN POOR HEALTH AND WHO ATTEND CHURCH REGULARLY MAKE GREATER USE OF COMMUNITY MENTAL HEALTH SERVICES THAN THOSE ELDERLY WITH OTHER CHARACTERISTICS.
2. THE FINDINGS INDICATE THAT THESE THREE VARIABLES (I.E., MENTAL HEALTH PROBLEMS, ILLNESS SEVERITY AND CHURCH ATTENDANCE) ARE IMPORTANT MEDIATING FACTORS IN THE USE OF FORMAL MENTAL HEALTH SERVICES. THE NUMBER OF PSYCHOLOGICAL PROBLEMS WAS BEST PREDICATED BY BEING IN ILL HEALTH AND A FEMALE. THESE FINDINGS ARE NOT UNIQUE TO THE LITERATURE (LAWTON, 1978). THE FINDINGS INDICATE THAT ILLNESS SEVERITY WAS DIRECTLY AFFECTED BY BEING DISABLED; FOLLOWED BY BEING A CUBAN, RETIRED AND FEMALE. FINALLY, CHURCH ATTENDANCE WAS BEST PREDICTED BY BEING FEMALE FOLLOWED BY BEING A MEXICAN-AMERICAN.

IN SUMMARY, THE MAJOR OF HEALTH AND SOCIAL SERVICE UTILIZATION STUDIES INDICATE THAT PSYCHOLOGICAL STATES HAVE LIMITED UTILITY FOR

DIRECTLY PREDICTING FORMAL SERVICE USE (WOLINSKY, 1978; STARRETT ET AL, 1983, 1984). HOWEVER, THE PRESENT STUDY INDICATES THAT THE NUMBER OF PSYCHOLOGICAL PROBLEMS WAS THE STRONGEST PREDICTOR OF COMMUNITY MENTAL HEALTH USE AMONG THE HISPANIC ELDERLY. MOREOVER, THOSE ELDERLY WHO WERE IN POORER HEALTH AND ATTENDED CHURCH REGULARLY MADE GREATER USE OF SERVICES. BY ATTENDING CHURCH, ELDERLY MAY HAVE A GREATER AWARENESS OF AVAILABLE RESOURCES AND GREATER ACCESS TO HELP, ESPECIALLY THE MEXICAN-AMERICAN OR FEMALE ELDERLY. IN ADDITION, THE FEMALE ELDERLY MAY BE IN A GREATER RISK GROUP, BECAUSE THEY APPEAR TO HAVE MORE MENTAL HEALTH PROBLEMS AND ILLNESS.

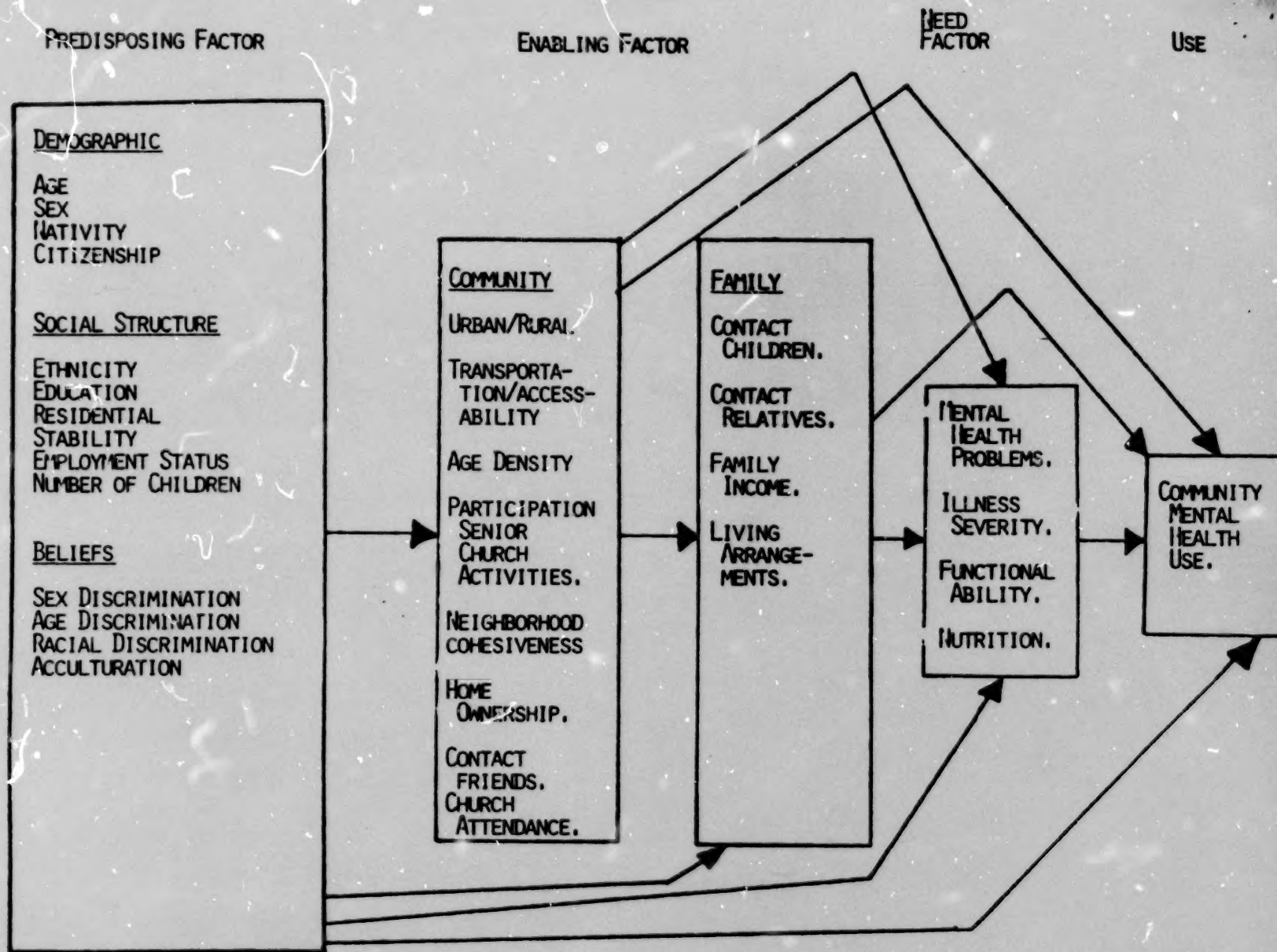


FIGURE 1. MODEL OF COMMUNITY MENTAL HEALTH UTILIZATION

TABLE 11

DECOMPOSITION TABLE FOR ALL SIGNIFICANT TOTAL ASSOCIATIONS, DIRECT AND INDIRECT EFFECTS WITHIN THE MODEL.

HISPANIC ELDERLY SAMPLE

(N = 1805)

DEPENDENT VARIABLE AND THE COEFFICIENT OF DETERMINATION (R^2)	INDEPENDENT VARIABLE	TOTAL ASSOCIATION (R)	DIRECT EFFECTS (B)	INDIRECT EFFECTS
COMMUNITY MENTAL HEALTH USE. ($R^2 = .18$)	MENTAL HEALTH PROBLEMS	.40	.37	.03
	CHURCH ATTENDANCE	.09	.10	-.01
	ILLNESS SEVERITY	.21	.06	.15
MENTAL HEALTH PROBLEMS ($R^2 = .14$)	ILLNESS SEVERITY	.36	.29	.07
	GENDER (FEMALE)	-.15	-.08	-.07
ILLNESS SEVERITY ($R^2 = .16$)	EMPLOYMENT STATUS (DISABLED)	.34	.30	.04
	(RETIRED)	-.24	-.12	-.12
	GENDER (FEMALE)	-.09	-.09	
	CUBAN	.10	.15	-.05
CHURCH ATTENDANCE ($R^2 = .05$)	GENDER (FEMALE)	-.17	-.19	.02
	MEXICAN- AMERICAN	-.12	-.14	.02

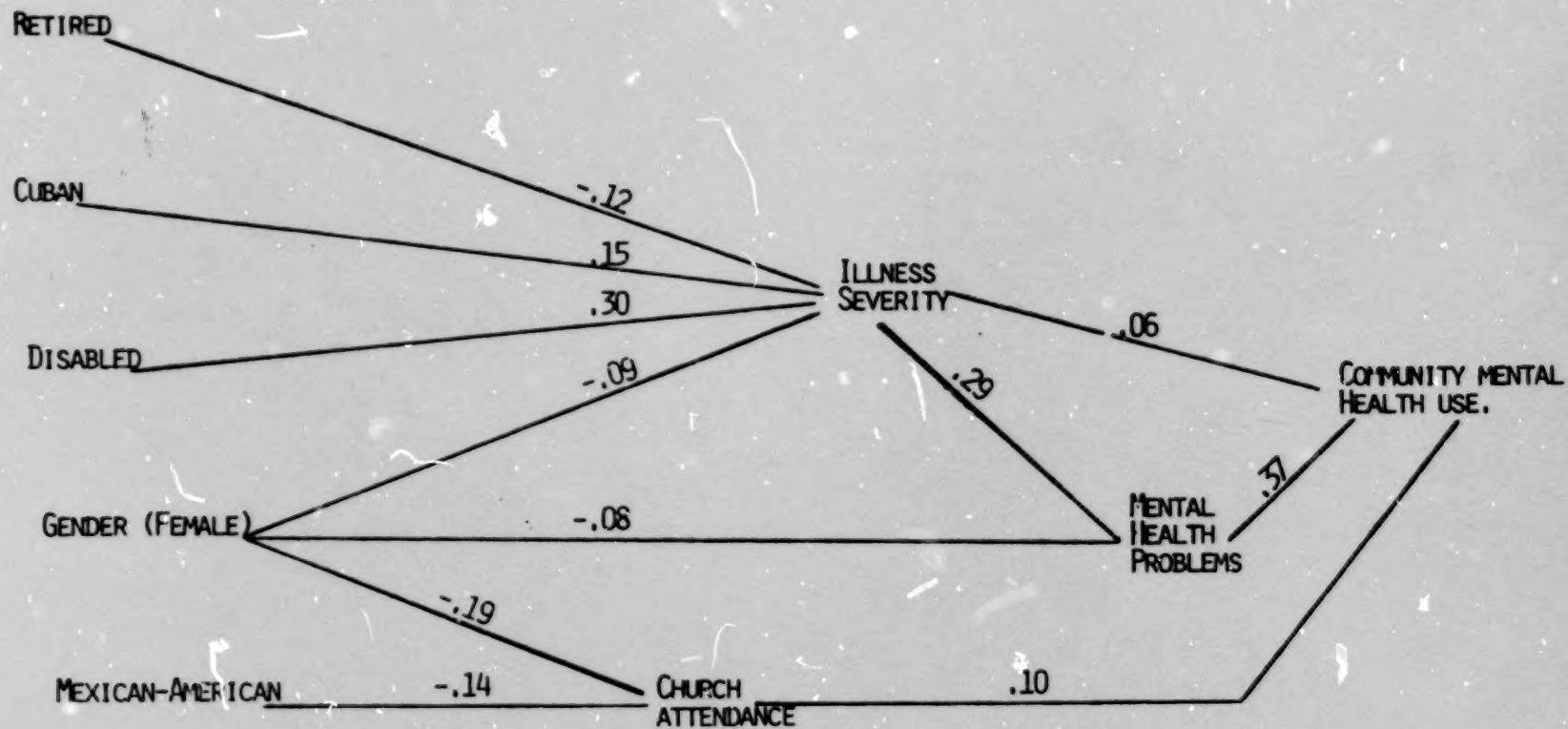


FIGURE 2. PATH DIAGRAM WITH ALL SIGNIFICANT PATHS